

ATTACHMENT 1

Medicaid procedure codes for physical therapy services

Effective June 1, 2001

Allowable Types and Places of Service for Specific Service Providers	
Rehabilitation Agencies (Type of Service = 9)	Independent Therapists, Therapy Groups, and Therapy Clinics (Type of Service = 1)
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/HCPSC Code	Procedure Code Limit per Day	Procedure Allowable for Therapy Assistants
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OTHER PROCEDURES

No Change	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) [15 minutes]	\$1	1 per day	Not Allowed
No Change	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) [15 minutes]	\$2	1 per day	Not Allowed
No Change	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation [15 minutes]	\$1	1 per day	Not Allowed
No Change	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent [15 minutes]	\$1	1 per day	Not Allowed
No Change	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants [15 minutes]	\$1	1 per day	Not Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPSC Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation [15 minutes]	\$1	2 per day	Allowed
No Change	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent [15 minutes]	\$0.50	Not Applicable	Allowed

MODALITIES

No Change	90901	Biofeedback training by any modality [15 minutes]	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs [15 minutes]	\$1	1 per day	Allowed
No Change	97012	Application of a modality to one or more areas; traction, mechanical [15 minutes]	\$1	1 per day	Allowed
No Change	97014	Application of a modality to one or more areas; electrical stimulation (unattended) [15 minutes]	\$1	1 per day	Allowed
No Change	97016	Application of a modality to one or more areas; vasopneumatic devices [15 minutes]	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath [15 minutes]	\$1	1 per day	Allowed
No Change	97020	Application of a modality to one or more areas; microwave [15 minutes]	\$1	1 per day	Allowed
No Change	97022	Application of a modality to one or more areas; whirlpool [15 minutes]	\$1	1 per day	Allowed
No Change	97024	Application of a modality to one or more areas; diathermy [15 minutes]	\$1	1 per day	Allowed
No Change	97026	Application of a modality to one or more areas; infrared [15 minutes]	\$1	1 per day	Allowed
No Change	97028	Application of a modality to one or more areas; ultraviolet [15 minutes]	\$1	1 per day	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$1	Not Applicable	Allowed
No Change	97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97039	Unlisted modality (specify type and time if constant attendance) [15 minutes]	\$1	1 per day	Allowed

THERAPEUTIC PROCEDURES

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed
No Change	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1	Not Applicable	Allowed
No Change	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	\$1	Not Applicable	Allowed
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	97139	Unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
No Change	97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$1	Not Applicable	Allowed when Appropriate*
No Change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
<i>Add 6/1/01</i>	<i>97533</i>	<i>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes</i>	<i>\$1</i>	<i>Not Applicable</i>	<i>Allowed</i>
No Change	97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one-on-one contact by provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management/propulsion training, each 15 minutes	\$1	Not Applicable	Allowed
<i>Add 6/1/01</i>	<i>97601</i>	<i>Removal of devitalized tissue from wound; selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session.</i>	<i>\$2</i>	<i>1 per day</i>	<i>Not Allowed</i>

* Therapist assistants are never allowed to perform a myofascial release/soft tissue mobilization, one or more regions. They are also never allowed to perform a joint mobilization, one or more areas (peripheral or spinal).

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EVALUATION

No Change	97001	Physical therapy evaluation [15 minutes]	\$1	Not Applicable	Not Allowed
No Change	97002	Physical therapy re-evaluation [15 minutes]	\$0.50	2 per day	Not Allowed